

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 322-1441



May 14, 2021

Mr. Dave Magnino, EMS Administrator
Sacramento County Emergency Medical Services Agency
9616 Micron Avenue, Suite 960
Sacramento, CA 95827

Dear Mr. Magnino:

This letter is in response to Sacramento County's 2019 emergency medical services (EMS) plan, and the St-Elevation Myocardial Infarction (STEMI), Stroke, Trauma, and Quality Improvement (QI) plan submissions to the EMS Authority on October 13, 2020.

The EMS Authority has reviewed the EMS plan, based on compliance with statutes, regulations, and case law. It has been determined the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103 and is approved for implementation pursuant to HSC § 1797.105(b). Based on transportation documentation provided, the EMS Authority has noted your Emergency Ambulance Zone as Non-Exclusive and has enclosed for reference.

The EMS Authority has also reviewed the STEMI, Stroke, Trauma, and QI plans, based on compliance with HSC §§ 1797.257 and 1797.258, and Chapters 7, 7.1, 7.2, 12, and 14 of California Code of Regulations, Title 22, Division 9, and has approved for implementation.

In accordance with HSC § 1797.254, please submit an annual EMS plan to the EMS Authority on or before May 14, 2022. Please also submit an annual STEMI, Stroke, Trauma, and QI plan concurrently as part of your EMS plan. If you have any questions regarding the EMS Plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink that reads 'Tom McGinnis - EMT-P'.

Tom McGinnis, EMT-P
Chief, EMS Systems Division

Enclosure

tm:lg

Department of Health Services
Peter Beilenson, MD, MPH,
Director



County Executive
Navdeep S. Gill

Divisions

Behavioral Health Services
Primary Health
Public Health
Departmental Administration

County of Sacramento

October 13, 2020

Dave Duncan, MD, Director
Emergency Medical Services Authority
10901 Gold Center Dr, Suite 400
Rancho Cordova, CA 95670

Dear Dr. Duncan:

Please see the attached annual updates to the Sacramento County 2019 Emergency Medical Services (EMS) Plan, the 2019 Trauma System Annual Update, the 2019 Annual Quality Improvement Program (QIP), 2019 STEMI Critical Care System Annual Update and the 2019 Stroke Critical Care System Annual Update. These are submitted in accordance with *Health and Safety Code Sections 1797.103 and 1797.250 – 1797.258 and Title 22, Division 9, Chapter 7.1, STEMI Critical Care System, Chapter 7.2, Stroke Critical Care System and Chapter 12, EMS System Quality Improvement.*

EMS PLAN ANNUAL UPDATE

No significant changes were made to the EMS Plan during the past year. Key items are noted in each section.

FORM 1: EMS Plan System Assessment Summary

A. System Organization and Management

1.03 – Employment of Medical Director:

- Medical Director's contract was increased from 0.3 to 0.5 position. This helps with oversight demands resulting from the addition of the STEMI and Stroke Critical Care Programs.

B. Manpower and Training

2.13 – Critical Care Paramedic Training and Accreditation:

- We are unable to implement this program at this time due to implementation of two other critical care programs in 2019.
- In 2019, a private provider requested this program but the EMS Agency does not have staff nor funding to oversee the program at this time.

D. Response and Transportation

4.01 – Primary Response Area:

- The EMS Agency has executed Advanced Life Support (ALS) Provider Agreements with private providers.

- We are in the process of working with Public Fire Service providers to create and execute ALS Provider Agreements. We are waiting for a draft document.

4.05 – Response Time Standards:

- We are currently utilizing National Response Time Standards as benchmarks. Plans are in process to implement Sacramento County Response Time Standards by the end of calendar year 2021.

4.07 – Creation of Exclusive Operating Area and Approval:

- Sacramento County is a Non-Exclusive Operating Area.

E. Assessment of Hospitals and Critical Care Centers

5.04 – Critical Care System:

- STEMI and Stroke Critical Care programs were added in 2019. Plan approval was received from the Emergency Medical Services Authority (EMSA) on December 17, 2019.

F. Data Collection and Evaluation

6.04 – Electronic Patient Health Information Exchange:

- At this time, there are no plans to implement a patient health information exchange program.

6.09 – Ambulance Patient Offload Times:

- EMS stakeholders established the Ambulance Patient Offload Time (APOT) metric at 20 minutes. In 2019, the system wide 90th percentile APOT was thirty-nine (39) minutes.

6.10 – Data Collection from Specialty Care Centers:

- Trauma – The three Sacramento County trauma centers submit data electronically; the Placer County trauma center submits data manually.
- STEMI and Stroke – Designated STEMI and Stroke centers submit data manually on an as needed basis.

H. Disaster Medical Response

8.14 – Mutual Aid Requests in EOA Areas:

- Not applicable. Sacramento County is a non-exclusive operating area.

TABLE 2: Manpower and Training

EMS Agency Certification:

- There was a slight increase in the number of personnel investigations in 2019 as compared to 2018. This increase occurred because staff continued to use and follow the *Recommended Guidelines for Disciplinary Orders and Conditions of Probation for EMT (Basic) and Advanced EMT*. A larger number of initial applicants with prior convictions led to more denials of applications.

Available Training:

- River Delta Fire District became a continuing education provider for their personnel.

TABLE 4: Response and Transportation

System Standard Response Times (90th Percentile):

- With over one year of data submitted to California EMS Information System (CEMSIS) from all ALS providers, the EMS Agency provided system wide 90th percentile standard response times for the first time to all stakeholders during regular meeting updates.

Provider Resource:

- During the third quarter of 2019, Trauma Life Care (TLC) Medical Transport requested and was approved to terminate their ALS Provider Agreement due to a staffing shortage that resulted in their inability to maintain the required 24 hours / 7 days a week ALS coverage.

TRAUMA SYSTEM STATUS REPORT

The narrative includes improvement information provided to EMSA regarding the Sacramento County Trauma System. Key changes included:

Trauma System Goals and Objectives:

- Trauma Review Committee (TRC) provides unique educational opportunities to region wide physicians and administrators.
- The EMS Agency works closely with the trauma centers to ensure accurate data is submitted to the CA Trauma Registry and presented in the quarterly TRC meetings.
- Data includes Trauma Incidents comparison from 2017, 2018 and 2019 as requested by the TRC.

System Performance Improvement:

- The EMS Agency worked with the TRC to update several prehospital trauma policies, including adding the use of Tranexamic Acid (TXA) by paramedics.
- Continued to work with trauma surgeons and managers to identify seven (7) relevant indicators to improve the trauma system.
- Worked with prehospital EMS providers to improve documentation practices to ensure prehospital Trauma Alerts are being conducted and reported.

QUALITY IMPROVEMENT PROGRAM ANNUAL UPDATE

2019 Highlights:

- Continued work to define consistent documentation standards and improve the quality and accuracy of data submission.
- Developed and implemented dashboards to report data on three (3) focused elements.
- Continued to improve tracking of ambulance patient off-load times (APOT). Provided comparisons between 2018 and 2019 APOT data to stakeholders on a quarterly basis.

Active Projects include the following:

- Continued focus on the "Documentation Initiative" to improve prehospital care. This includes:
 - Cardiac Arrest, New Medications, and Spinal Motion Restriction policy
- Continue to monitor Law Enforcement Administration of Naloxone Program for the following:
 - Properly trained officers in handling and administration
 - Data collection
 - Feedback provision

2019 STEMI CRITICAL CARE SYSTEM ANNUAL UPDATE

- Started the application process with several hospitals for designation as Sacramento County approved STEMI Receiving Centers.
- Began the work with STEMI Advisory Committee to identify proposed data reporting platforms available.

2019 STROKE CRITICAL CARE SYSTEM ANNUAL UPDATE

- Started the application process with the hospitals for designation as Sacramento County approved Stroke Receiving Center or Comprehensive Stroke Center.
- Began the work with STEMI Advisory Committee to identify proposed data reporting platforms available.

Please do not hesitate to call me at (916) 875-9753 if you have questions.

Sincerely,


David M. Magnino
EMS Administrator


Hernando Garzon, MD
Medical Director

Attachments:

Trauma System Annual Update
Quality Improvement Program Annual Update
EMS Plan Annual Update
STEMI Critical Care System Annual Update
Stroke Critical Care System Annual Update

Cc: Sandy Damiano, PhD, Deputy Director, DHS, Primary Health



FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY

A. SYSTEM ORGANIZATION AND MANAGEMENT	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
1.01 Organizational Structure	✓		
1.02 EMS Administration Budget	✓		
1.03 Employment of Medical Director	✓		Established contract with Kaiser Permanente for an half-time medical director
1.04 Medical Control	✓		
1.05 Expert Consultation	✓		
1.06 Public Input on Plans, Policies, Procedures	✓		
1.07 Establishment of Policies, Procedures, Protocols	✓		
1.08 Availability of Policies, Procedures, Protocols	✓		
B. MANPOWER AND TRAINING	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
2.01 EMT & AEMT Certification in Central EMT Registry	✓		There is no AEMT certified in Sacramento County. There is no plan to implement an AEMT Program in the future.



FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY

B. MANPOWER AND TRAINING (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
2.02 EMT & AEMT Discipline	✓		
2.03 EMT & AEMT Certification Status	✓		
2.04 EMT & AEMT Certification Reporting to National Practitioners Database	✓		
2.05 Paramedic Accreditation	✓		
2.06 RN & MICN Standards	✓		
2.07 EMT, AEMT, Paramedic Training Program Compliance	✓		There are no AEMT Training Program(s) in Sacramento County.
2.08 EMT Training Course Challenge	✓		
2.09 EMS Provider Reporting of EMT & AEMT Actions or Omissions	✓		
2.10 Reporting of Paramedic Actions or Omissions	✓		

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



B. MANPOWER AND TRAINING (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
2.11 Suspension of Paramedic License			Not Applicable
2.12 Prophylactic Medical Treatment for Public Safety Personnel, Lifeguards, EMTs, AEMTs, & Paramedics	✓		
2.13 Critical Care Paramedic Training & Accreditation		✓	At this time there is no plan to implement Critical Care Paramedic Training
2.14 Training Standards for EMTs & Paramedics Managing Complex Patients	✓		
2.15 Procedures for Management of Complex Patients	✓		
C. COMMUNICATIONS	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
3.01 Review and Approval of Medical Dispatch Centers	✓		
3.02 City and Fire District Dispatch	✓		
3.03 Medical Dispatch Center Protocols	✓		



FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY

C. COMMUNICATIONS (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
3.04 EMD Certification	✓		
3.05 Medical Communication System Plan	✓		
3.06 Emergency System for Inter-hospital Communication	✓		
D. RESPONSE AND TRANSPORTATION	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
4.01 Primary Response Area		✓	There are no signed ALS Provider Agreements with the ALS Public Safety Providers at this time. We are working with providers to execute agreements.
4.02 Provider Selection	✓		
4.03 Authorization of Advanced EMT & Paramedic Service Providers	✓		
4.04 Advanced Life Support Provider Application	✓		
4.05 Response Time Standards		✓	At this time, Sacramento County does not have Response Time standards established. We currently utilize the National Response Time Standards as bench marks. Plan to implement by end of calendar year 2021.
4.06 System Status Management	✓		
4.07 Creation of Exclusive Operating Area and Approval		✓	Sacramento County is an Non-Exclusive Operating Area. There is no plan to establish Exclusive Operating Areas in the future



FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY

E. ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
5.01 Hospital and Health Facility Designation	✓		
5.02 Acute Care Facility Assessment and Specialty Care System Development	✓		
5.03 Patient Safety and Non-Permit Facility in Rural Area			Not applicable
5.04 Critical Care System	✓		STEMI and Stroke Critical Care System programs were added in late 2019 with plan approvals by EMSA in December 2019
F. DATA COLLECTION AND EVALUATION	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
6.01 Data Management System Compliance with CEMSIS/NEMSIS	✓		
6.02 Electronic Health Record Data	✓		
6.03 Integrated Data Management System using CEMSIS/NEMSIS	✓		
6.04 Electronic Patient Health Information Exchange		✓	No plan to implement program in near future.



FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY

F. DATA COLLECTION AND EVALUATION (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
6.05 Prehospital EMS and Specialty Care Data through CEMSIS/NEMSIS	✓		
6.06 EMS QA/QI Program	✓		
6.07 EMS Service Provider QI Program	✓		
6.08 EMS Quality Core Measures	✓		
6.09 Ambulance Patient Offload Times		✓	APOT metric set at 20min, in 2019 the 90th Percentile APOT time system wide was: 39min
6.10 Data Collection from Specialty Care Centers		✓	We currently receive data from the three trauma centers. We currently request data to be submitted manually on an as needed basis from STEMI / STROKE hospitals.
G. PUBLIC INFORMATION AND EDUCATION	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
7.01 Public Information Improvement	✓		
7.02 Program for Public Awareness of EMS System	✓		
7.03 Public Training on First Aid, Bleeding Control, CPR	✓		

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



G. PUBLIC INFORMATION AND EDUCATION (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
7.04 Public Education on Injury and Illness Prevention	✓		
7.05 Public Training and Education on Disaster Preparedness	✓		In partnership with County Public Health
H. DISASTER MEDICAL RESPONSE	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
8.01 Multi-Casualty Response Plans Using ICS/SEMS	✓		
8.02 Medical Response Plans	✓		
8.03 Distribution of Disaster Casualties	✓		
8.04 MHOAC Coordinator	✓		
8.05 Situation Status Reporting & Communication of Emergency Requests	✓		
8.06 Identification of EMS Resources	✓		
8.07 Medical Mutual Aid Agreements	✓		

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



H. DISASTER MEDICAL RESPONSE (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
8.08 Disaster Medical Training of EMTs & Paramedics	✓		
8.9 Integration of Hospitals' Disaster Emergency Plan	✓		
8.10 Development of Medical & Health Disaster Plan	✓		
8.11 Hospital Evacuation	✓		
8.12 Increase in Prehospital EMS Needs	✓		
8.13 Specialty Care Center Role in Disasters	✓		
8.14 Mutual Aid Requests in EOA Areas			Not applicable - Sacramento County is a Non-Exclusive Area.



TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

EMS Agency Overview

Local EMS Agency:	<u>SACRAMENTO COUNTY</u>
Plan Year:	<u>2019</u>
EMS Director/Administrator:	<u>DAVID MAGNINO</u>
EMS Medical Director:	<u>DR. HERNANDO GARZON</u>
Physical Address:	<u>9616 MICRON AVE. SUITE 960</u> <u>SACRAMENTO, CA 95827</u>
Type of Agency:	<input checked="" type="checkbox"/> County Health Services Agency <input type="checkbox"/> Public Health Department <input type="checkbox"/> Joint Powers Agency <input type="checkbox"/> Non-Health County Department <input type="checkbox"/> Private Non-Profit Entity
Number of Counties in Local EMS Agency:	<u>1</u>
Counties within Regional Agency:	<u></u> <u></u>
Population of EMS system:	<u>1,552,058</u>
Local EMS Agency responsibility:	<input checked="" type="checkbox"/> Hospital Preparedness Program <input checked="" type="checkbox"/> Public Health Emergency Preparedness Program <input type="checkbox"/> Other: <u></u>

EMS Agency Organization

Organizational Charts Attached: ☐ County Structure ☒ EMS Agency

EMS Agency Budget

Fiscal Year: 2019-20

Expenses for EMS agency administration services only:

Expense Category	Total
Salaries and Benefits (not contracted staff)	\$ 952,599
Contract Services	\$ 319,065
Services and Supplies	\$ 2,159,241
Total Expenses*	\$ 3,430,905



TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

EMS Agency Budget (cont.)

Revenue received for EMS agency administration services only:

Revenue Category	Total
County General Fund (local tax funds, county health realignment funds, etc.)	\$ 317,898
County Health Realignment Funds	\$ 0
Maddy EMS Fund (LEMSA discretionary funds only)	\$ 316,451
Grant Revenue	\$ 48,496
Fees	\$ 883,048
Other:	\$ 1,865,012
Total Revenue*	\$ 3,430,905

Provide brief explanation if totals do not equal: _____

EMS Agency Fee Structure

Effective Date of Fees: 07/01/2020

	Item	Fee	Comment
Certifications	First responder certification	\$	
	First responder re-certification	\$	
	EMS dispatcher certification	\$	
	EMS dispatcher re-certification	\$	
	EMT certification	\$ 50.28	
	EMT recertification	\$ 50.28	
	EMT accreditation	\$	
	EMT re-accreditation	\$	
	AEMT certification	\$	
	AEMT recertification	\$	
	Paramedic accreditation	\$ 95.32	
	Paramedic re-accreditation	\$ 95.32	
	MICN/ARN certification	\$ 37.57	
	MICN/ARN recertification	\$ 37.57	
Program Approval	EMR training program approval	\$ 1,575.00	
	EMT training program approval	\$ 1,547.88	
	AEMT training program approval	\$	
	Continuing education provider	\$ 435.48	
	Paramedic training program approval	\$ 8,425.55	
	EMS dispatch program approval	\$	
	MICN/ARN training program approval	\$ 903.31	



TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

EMS Agency Fee Structure (cont.)

	Item	Fee	Comment
Designation	Base hospital application	\$	
	Base hospital designation	\$	
	Emergency receiving center designation	\$	
	Pediatric facility approval	\$	
	Pediatric facility designation	\$	
	STEMI/Cardiac center application	\$	
	STEMI/Cardiac center designation	\$ 13,650/\$6,825	In County/Out of County
	Stroke center application	\$	
	Stroke center designation	\$ 13,650/\$6,825	In County/Out of County. Stroke Comp=\$19,425
	Trauma center application	\$	
	Trauma center designation	\$ Varies	Level 1 - UC Davis = \$123,476.90. Level 2: Mercy San Juan=\$67,669.78 Kaiser South=\$67,364.44. Sutter Roseville=\$5,559.96
Other	Ambulance licensure	\$	
	Ambulance vehicle permits	\$	
	Ambulance franchise fee	\$	
	Paramedic course tuition	\$	
	Other: _____	\$	

EMS Agency Staffing

Total full-time equivalent (FTE) staff dedicated to EMS administration: 7.5

Roles	Classification	Contract (Yes/No)	FTE	Annual Salary Range	Actual Annual Salary	Benefits (% of Salary)	Benefits (Cost)
EMS Administrator	EMS Administrator	No	1.0	\$ 127,034-\$140,030	\$ 184,617	38 %	\$ 52,971
Asst./Deputy EMS Administrator				\$	\$	%	\$
EMS Medical Director	Medical Director	Yes	0.5	\$ NA	\$ 122,500	0 %	\$ 0
EMS Coordinator	EMS Coordinator	No	1.0	\$ 90,744-\$110,309	\$ 162,457	32 %	\$ 52,148
EMS Specialist	EMS Specialist	No	3.0	\$ 68,716-\$83,520	\$ 111,878-\$128,206	35-38 %	\$ 43,162-44
CQI Coordinator				\$	\$	%	\$
Trauma Coordinator				\$	\$	%	\$
EMS Analyst				\$	\$	%	\$
Senior Procedures Analyst (IT)				\$	\$	%	\$
Administrative Assistant	Administrative Services Office	No	1.0	\$ 79,114-\$96,159	\$ 126,338	24 %	\$ 30,179
Office Assistant III	Sr. Office Assistant	No	1.0	\$ 41,134-\$50,008	\$ 74,305	33 %	\$ 24,297
				\$	\$	%	\$
				\$	\$	%	\$
				\$	\$	%	\$
				\$	\$	%	\$

(09/2019)

**TABLE 2: MANPOWER AND TRAINING**County: SacramentoReporting Year: 2019**EMS Agency Training Program**

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? ☐ Yes ☐ No

Do you have an EMR Training Program? ☒ Yes ☐ No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified	853		829	97	
Number newly certified this year	362		148	22	
Number recertified this year	491		681	75	
Total accredited on July 1 of reporting year	458		477	44	
Number of certification reviews resulting in:					
• Formal investigations	36				
• Probation	4				
• Suspensions	0				
• Revocations	1				
• Denials	6				
• No action taken	13				
Number of personnel authorized/certified in:					
• Early defibrillation					

(09/2019)



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: 34-4870	Expiration Date of Training Program: 7/26/21
Student Eligibility: Restricted (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic 0 Refresher 0	
Training Institution: AlphaOne Ambulance	Phone Number: (916) 216-5602
Address: 10451 Old Placerville Road Suite 110 Sacramento, CA 95827	Contact Name: Matthew Burruei

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	0	0	0	0	0	0	0	0	0	0	0	23	2	
Number of students completing training	0	0	0	0	0	0	0	0	0	0	0	78	276	

(09/2019)



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-3000</u>		Expiration Date of Training Program: <u>3/22/22</u>	
Student Eligibility: <u>Open</u> (Open to general public or restricted)		Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input checked="" type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education	
		Program Cost: Basic <u>\$2,500-4,600</u> Refresher <u>\$46/unit</u>	
Training Institution: <u>American River College</u>		Phone Number: <u>(916) 484-8843</u>	
Address: <u>4700 College Oak Drive</u> <u>Sacramento, CA 95841</u>		Contact Name: <u>Dr. Grant Goold</u>	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	8	1			1								5	
Number of students completing training	250	20			30								25	

(09/2019)



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: 34-4930	Expiration Date of Training Program: 1/31/22
Student Eligibility: Open (Open to general public or restricted)	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic \$1400 Refresher	
Training Institution: California Fire & Rescue Training Authority	Phone Number: (916) 475-1660
Address: 3121 Gold Canal Drive Rancho Cordova, CA 95661	Contact Name: Cristy Jorgensen

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	3	2											50	
Number of students completing training	48	0											700	

(09/2019)



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-3500</u>		Expiration Date of Training Program: <u>7/26/21</u>	
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input checked="" type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education		
Program Cost: Basic <u>1500-13,500</u> Refresher <u> </u>			
Training Institution: <u>California State University, Sacramento (CSUS)</u>		Phone Number: <u>(916) 278-4846</u>	
Address: <u>3000 State University Drive</u> <u>Sacramento, CA 95819</u>		Contact Name: <u>Kim Ramirez</u>	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	9	1			3								1	
Number of students completing training	270	93			93								93	

(09/2019)



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: 34-4910		Expiration Date of Training Program: 12/31/20	
Student Eligibility: Restricted (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education		
Program Cost: Basic \$0		Refresher	
Training Institution: CALSTAR Air Medical LLC		Phone Number: (916) 921-4026	
Address: 4933 Bailey Loop McClellan, CA 95652		Contact Name: Kim Duggins	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													11	
Number of students completing training													3562	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-1030</u>		Expiration Date of Training Program: <u>1/21/22</u>	
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education		
Program Cost: Basic _____ Refresher _____			
Training Institution: <u>City of Folsom Fire Department</u>		Phone Number: <u>(916) 461-6300</u>	
Address: <u>535 Glenn Drive</u> <u>Folsom CA 95630</u>		Contact Name: <u>Mark Piacentini</u>	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													10	
Number of students completing training													140	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-1090</u>		Expiration Date of Training Program: <u>3/31/22</u>	
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)		Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education	
Program Cost: Basic _____ Refresher _____			
Training Institution: <u>Cosumnes Community Services District Fire Department</u>		Phone Number: <u>(916) 405-7125</u>	
Address: <u>10573 E. Stockton Blvd.</u> <u>Elk Grove, CA 95624</u>		Contact Name: <u>Juliet Carrington RN</u>	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													15	
Number of students completing training													601	

(09/2019)



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-4900</u>		Expiration Date of Training Program: <u>11/30/20</u>	
Student Eligibility: <u>Open</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education		
Program Cost: Basic <u>\$215</u> Refresher <u> </u>			
Training Institution: <u>Dignity Health Collaborative Learning Center</u>		Phone Number: <u>(916) 733-6307</u>	
Address: <u>1700 Tribute Road</u> <u>Sacramento, CA 95815</u>		Contact Name: <u>Preet Kaur</u>	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													4	
Number of students completing training													3247	

(09/2019)



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-4860</u>		Expiration Date of Training Program: <u>3/24/22</u>	
Student Eligibility: <u>Open</u> (Open to general public or restricted)		Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education	
Program Cost: Basic _____ Refresher _____			
Training Institution: <u>Disaster Management Assistance Team CA-11</u>		Phone Number: <u>(916) 606-5205</u>	
Address: <u>10161 Croydon Way Ste. 2</u> <u>Sacramento, CA 95827</u>		Contact Name: <u>Edward Miles RN</u>	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													15	
Number of students completing training													54	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number:	34-4920	Expiration Date of Training Program:	1/15/22
Student Eligibility:	Open (Open to general public or restricted)	Program Level:	<input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost:		Basic	\$2990 Refresher
Training Institution:	International School of Tactical Medicine	Phone Number:	(760) 880-4102
Address:	2409 Dean Street McClellan CA 95652	Contact Name:	Dr. Lawrence Heiskell

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													2	
Number of students completing training													50	

(09/2019)



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-2090</u>	Expiration Date of Training Program: <u>2/29/22</u>
Student Eligibility: <u>Open</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <u>0</u> Refresher <u>0</u>	
Training Institution: <u>Kaiser Permanente Medical Center-North</u>	
Phone Number: <u>(916) 200-8303</u>	
Address: <u>2525 Morse Ave</u>	Contact Name: <u>Richard Meidinger</u>
<u>Sacramento, CA 95825</u>	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	0	0	0	0	0	0	0	0	0	0	0		0	
Number of students completing training	0	0	0	0	0	0	0	0	0	0	0		0	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: 34-2060	Expiration Date of Training Program: 9/29/22
Student Eligibility: Restricted (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: Kaiser Permanente South Sacramento	Phone Number: (916) 201-4265
Address: 6600 Bruceville Road Sacramento, CA 95682	Contact Name: Wendin Gulbransen RN

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													6	
Number of students completing training													111	

(09/2019)



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-2022</u>		Expiration Date of Training Program: <u>6/16/22</u>	
Student Eligibility: <u>Open</u> (Open to general public or restricted)		Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education	
Program Cost: Basic _____ Refresher _____			
Training Institution: <u>Mercy San Juan Medical Center-Dignity Health</u>		Phone Number: <u>(916) 962-8721</u>	
Address: <u>1650 Coyle Ave</u> <u>Carmichael, CA 95608</u>		Contact Name: <u>Paula Green, RN</u>	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													3	
Number of students completing training													140	

(09/2019)



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-4940</u>		Expiration Date of Training Program: <u>5/31/20</u>	
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)		Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education	
Program Cost: Basic _____ Refresher _____			
Training Institution: <u>NORCAL Ambulance</u>		Phone Number: <u>(916) 860-7900</u>	
Address: <u>1815 Stockton Blvd</u> <u>Sacramento, CA 95827</u>		Contact Name: <u>Alexander Lee</u>	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													0	
Number of students completing training													0	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: 34-4880	Expiration Date of Training Program: 8/7/21
Student Eligibility: Open (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic 250 Refresher	
Training Institution: NORCAL Emergency Medical Training	Phone Number: (916) 787-1787
Address: 1512 Eureka Road Ste 105 Roseville, CA 95661	Contact Name: Dave Mullarky

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													7	
Number of students completing training													5577	

(09/2019)



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: 01-0053		Expiration Date of Training Program: 6/13/23	
Student Eligibility: Open (Open to general public or restricted)		Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input type="checkbox"/> Continuing Education	
Program Cost: Basic \$1600		Refresher	
Training Institution: Project Heartbeat		Phone Number: (844) 859-5680	
Address: 2033 Howe Ave. Ste 150 Sacramento, CA 95825		Contact Name: Allan Bulda RN	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	1	10												
Number of students completing training	23	13												



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-4950</u>		Expiration Date of Training Program: <u>9/19/21</u>	
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education		
Program Cost: Basic _____ Refresher _____			
Training Institution: <u>River Delta Fire District</u>		Phone Number: <u>(925) 658-0332</u>	
Address: <u>16969 Jackson Slough Rd</u> <u>Isleton, CA 95641</u>		Contact Name: <u>Chief Paul Cutino</u>	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													3	
Number of students completing training													3	

(09/2019)



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-1050</u>		Expiration Date of Training Program: <u>1/26/22</u>	
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)		Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education	
Program Cost: Basic _____ Refresher _____			
Training Institution: <u>Sacramento Fire Department</u>		Phone Number: <u>(916) 808-1300</u>	
Address: <u>5770 Freeport Blvd Ste 200</u> <u>Sacramento, CA 95822</u>		Contact Name: <u>Brian Pedro</u>	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													35	
Number of students completing training													550	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-1020</u>		Expiration Date of Training Program: <u>9/20/20</u>	
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)		Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education	
Program Cost: Basic _____ Refresher _____			
Training Institution: <u>Sacramento County Airport Fire Department</u>		Phone Number: <u>(916) 874-0651</u>	
Address: <u>7201 Earhart Drive</u> <u>Sacramento, CA 95837</u>		Contact Name: <u>Dale Carnes</u>	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													7	
Number of students completing training													35	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-1010</u>		Expiration Date of Training Program: <u>7/31/22</u>	
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)		Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education	
Program Cost: Basic _____ Refresher _____			
Training Institution: <u>Sacramento Metropolitan Fire District</u>		Phone Number: <u>(916) 859-4121</u>	
Address: <u>10545 Armstrong Ave Ste 200</u> <u>Mather, CA 95655</u>		Contact Name: <u>Brian Benton</u>	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													38	
Number of students completing training													615	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: 34-1160		Expiration Date of Training Program: 5/19/21	
Student Eligibility: Restricted (Open to general public or restricted)	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education		
Program Cost: Basic \$0 Refresher			
Training Institution: Walnut Grove Fire District		Phone Number: (916) 257-2734	
Address: 14160 Grove Street Walnut Grove, CA 95690		Contact Name: Mikaela Stirling	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													1	
Number of students completing training													10	

(09/2019)



TABLE 3: COMMUNICATIONS

County: Sacramento County

Reporting Year: 2019

EMS Agency Communications Structure

Number of primary Public Service Answering Points (PSAP):	<u>13</u>
Number of secondary PSAPs:	<u>1</u>
Number of dispatch centers directly dispatching ambulances:	<u>12</u>
Number of EMS dispatch agencies utilizing EMD guidelines:	<u>13</u>
Number of designated dispatch centers for EMS aircraft:	<u>3</u>

Who is your primary dispatch agency for day-to day emergencies?

Sacramento Regional Fire / EMS Communication Center

Do you have an operational area disaster communication system?

☒ Yes ☐ No

a) Identify the radio primary frequency: 800 MHz Trunked System

b) Identify other methods: Cell Phone, Satellite Phones and Landline

c) Can all medical response units communicate on the same disaster communication system?

☐ Yes ☒ No

d) Do you participate in the Operational Area Satellite Information System?

☒ Yes ☐ No

e) Do you have a plan to utilize the Radio Amateur Civil Emergency Services as a back-up communication system?

☒ Yes ☐ No

1) Within the operational area?

☒ Yes ☐ No

2) Between operational area and the region and/or state?

☒ Yes ☐ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: SACRAMENTO
Reporting Year: 2020
Dispatch Agency: ALPHAONE AMBULANCE MEDICAL SERVICES, INC.
Name of Primary Contact: IVAN DIAZ
Address: 10461 OLD PLACERVILLE ROAD, STE.110
Telephone Number: 916 635-2011
 SACRAMENTO, CA 95827

Written Contract: ☒ Yes ☐ No
Medical Director: ☒ Yes ☐ No
Availability: ☒ Day-to-Day ☐ Disaster
Number of Personnel Providing Services:
 EMD Training 0 EMT-D 0 ALS 14
 BLS 0 LALS 0 Other 0
Total Number of Dispatchers: 14

Ownership: ☐ Public ☒ Private
If Public: ☐ Fire ☐ Law ☐ Other _____
If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Sacramento **Reporting Year:** 2019

Dispatch Agency: American Medical Response **Name of Primary Contact:** Timothy Reeser

Address: 1041 Fee Dr **Telephone Number:** 209-420-4218

Sacramento, Ca 95815

Written Contract: ☒ Yes ☐ No

Medical Director: ☒ Yes ☐ No

Availability: ☒ Day-to-Day ☒ Disaster

Number of Personnel Providing Services:

EMD Training 77 EMT-D ALS

BLS LALS Other

Total Number of Dispatchers: 77

Ownership: ☐ Public ☒ Private

If Public: ☐ Fire ☐ Law ☐ Other

If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County:	Sacramento	Reporting Year:	2020
Dispatch Agency:	CHP Sacramento Communications Center	Name of Primary Contact:	Ron Wilson
Address:	3165 Gold Center Drive Rancho Cordova, CA 95742	Telephone Number:	916-843-3303

Written Contract:	Medical Director:	Availability:	Number of Personnel Providing Services:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS ³ _____ Other _____
			Total Number of Dispatchers: _____

Ownership:	If Public:	If Public:
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other _____	<input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☒ Yes ☐ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Sacramento
Reporting Year: 2019

Dispatch Agency: County of Sacramento, Dept of Airports
Name of Primary Contact: Phillip Arnold

Address: 6900 Airport Blvd
Telephone Number: 916 874 0177

Sacramento, CA 95837

Written Contract: ☐ Yes ☐ No
 Medical Director: ☐ Yes ☒ No
 Availability: ☒ Day-to-Day ☐ Disaster
 Number of Personnel Providing Services:

EMD Training 18 EMT-D ALS

BLS LALS Other

Total Number of Dispatchers: 18

Ownership: ☒ Public ☐ Private
 If Public: ☐ Fire ☐ Law ☒ Other Airports

If Public: ☐ City ☒ County ☐ State
 ☐ Fire District ☐ Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS



Dispatch Resource

County:	Sacramento	Reporting Year:	2019
Dispatch Agency:	Medic Ambulance Service, Inc.	Name of Primary Contact:	Sandra Whaley
Address:	506 Couch Street	Telephone Number:	916-564-9011
	Vallejo, CA 94590		

Written Contract:	Medical Director:	Availability:	Number of Personnel Providing Services:
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Day-to-Day	EMD Training ¹⁶ EMT-D ALS
<input type="checkbox"/> No	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	BLS LALS Other
			Total Number of Dispatchers: ¹⁶

Ownership:	If Public:	If Public:
<input type="checkbox"/> Public	<input type="checkbox"/> Fire	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Private	<input type="checkbox"/> Law	<input type="checkbox"/> County
	<input type="checkbox"/> Other _____	<input type="checkbox"/> State
		<input type="checkbox"/> Fire District
		<input type="checkbox"/> Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County:	Sacramento	Reporting Year:	2020
Dispatch Agency:	NORCAL Ambulance	Name of Primary Contact:	Ramit Sahi
Address:	1815 Stockton Blvd.	Telephone Number:	916.380.8280
	Sacramento, CA, 95816		

Written Contract:	Medical Director:	Availability:	Number of Personnel Providing Services:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	EMD Training ¹² _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other _____
			Total Number of Dispatchers: ²³ _____

Ownership:	If Public:	If Public:
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County:	Sacramento	Reporting Year:	2019
Dispatch Agency:	Sacramento Valley Ambulance	Name of Primary Contact:	Michael Baker
Address:	6220 Belleau Wood Lane #6	Telephone Number:	916-465-0657
	Sacramento, Ca. 95822		

Written Contract:	Medical Director:	Availability:	Number of Personnel Providing Services:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	EMD Training ⁹ _____ EMT-D ⁰ _____ ALS ⁴ _____ BLS ⁷² _____ LALS ⁰ _____ Other _____
			Total Number of Dispatchers: ⁹ _____

Ownership:	If Public:	If Public:
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No



TABLE 4: RESPONSE AND TRANSPORTATION

County: Sacramento Reporting Year: 2019

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

(09/2019)



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90 th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder				27.66
Limited Advanced Life Support responder				N/A
Advanced Life Support responder				14.58
Transport Ambulance				14.72
Trauma Centers Level I Level II Level III Level IV				13.63 Response time to scene of any patient with +TTC Steps 1/2/3 that were transported to a trauma hospital
Pediatric Hospitals Comprehensive Advanced General Basic				14.67 Response time to scene of Any patient 14 or under transported to a hospital
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital				10.87 Response time to scene of Any patient with a STEMI Primary Impression transported to a PCI center
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready				11.08 Response time to scene of Any patient with a Stroke Primary Impression transported to a Stroke Center



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento Provider: Alpha One Response Area: Sacramento County

Address: 10461 Old Placerville Road Suite 100
Sacramento, CA 95827

Phone Number: 916-635-1111

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 23

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 20

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: Unknown

Ambulance Strike Team Participant: ☐ Yes ☒ No

Number of Helicopters based in this LEMSA's jurisdiction: _____

Written ALS Agreement with LEMSA to Participate in EMS System: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <table><tr><td><input checked="" type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> LALS</td><td><input checked="" type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> CCT</td><td></td></tr><tr><td></td><td></td><td><input checked="" type="checkbox"/> IFT</td><td></td></tr></table> <p>Other Specialty Services (water, snow, etc.): _____</p> <table><tr><td><input type="checkbox"/> Non-Ambulance Medical Transport Services</td><td><input type="checkbox"/> Litter/Gurney Van</td><td><input type="checkbox"/> Wheelchair Van</td></tr></table>	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> CCT				<input checked="" type="checkbox"/> IFT		<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van
<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground																			
<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																			
	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> CCT																				
		<input checked="" type="checkbox"/> IFT																				
<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van																				



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S34-51717

Name of ePCR Vendor: Zoll / Image Trend

Contract Dates: Zoll (1/1/2019 - 9/31/2019) / Image Trend (10-1-2019 to 12/31/2019)

Ground Non-Transporting and/or Transporting Agencies

22875 Total number of responses
16551 Number of emergency responses
6324 Number of non-emergency responses

Ground Transporting Agencies

20277 Total number of transports
14156 Number of emergency transports
6121 Number of non-emergency transports

Air Transporting Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 56

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 10

(09/2019)



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** American Medical Response **Response Area:** Sacramento County

Address: 1101 Fee Dr
Sacramento, CA 95815

Phone Number: 916-563-0600

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 30

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 15

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 0

Ambulance Strike Team Participant: ☒ Yes ☐ No

Number of Helicopters based in this LEMSAs jurisdiction: _____

Written ALS Agreement with LEMSAs to Participate in EMS System: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <div><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> IFT</div> <p>Other Specialty Services (water, snow, etc.): _____</p> <div><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</div>
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S34-50088

Name of ePCR Vendor: American Medical Response

Contract Dates: Year 2019 ongoing

Ground Non-Transporting and/or Transporting Agencies

18,134 Total number of responses
5515 Number of emergency responses
12619 Number of non-emergency responses

Ground Transporting Agencies

12619 Total number of transports
625 Number of emergency transports
11994 Number of non-emergency transports

Air Transporting Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 51

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 26



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** Bay Medic **Response Area:** Sacramento County

Address: 7917 Fruitridge Rd
Sacramento, CA 95820

Phone Number: 916-689-9000

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 3

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 2

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: Unknown

Ambulance Strike Team Participant: ☐ Yes ☒ No

Number of Helicopters based in this LEMSAs jurisdiction: _____

Written ALS Agreement with LEMSAs to Participate in EMS System: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <div><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT</div> <p>Other Specialty Services (water, snow, etc.): _____</p> <div><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</div>
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S34-50120

Name of ePCR Vendor: Traumasoft, LLC

Contract Dates: 2019

Ground Non-Transporting and/or Transporting Agencies

976 Total number of responses
4 Number of emergency responses
972 Number of non-emergency responses

Ground Transporting Agencies

905 Total number of transports
4 Number of emergency transports
901 Number of non-emergency transports

Air Transporting Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 30

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 6



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County:	<u>Sacramento</u>	Provider:	<u>California Highway Patrol</u>	Response Area:	<u>Capital Protection Services Divi</u>
Address:	<u>1801 9th Street</u> <u>Sacramento, CA 95814</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: <u>0</u>			
Phone Number:	<u>916-843-3300</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: <u>0</u>			
Ambulance Strike Team Participant:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: <u>0</u>			
		Number of Helicopters based in this LEMSAs's jurisdiction: <u>0</u>			

Written ALS Agreement with LEMSAs to Participate in EMS System: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Level of Service: <table><tr><td><input type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> CCT</td><td></td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table> Other Specialty Services (water, snow, etc.): _____ <table><tr><td><input type="checkbox"/> Non-Ambulance Medical Transport Services</td><td><input type="checkbox"/> Litter/Gurney Van</td><td><input type="checkbox"/> Wheelchair Van</td></tr></table>	<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> CCT				<input type="checkbox"/> IFT		<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van
<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground																			
<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																			
	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> CCT																				
		<input type="checkbox"/> IFT																				
<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van																				



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S34-50181

Name of ePCR Vendor: Image Trend, Inc

Contract Dates: 2019

Ground Non-Transporting and/or Transporting Agencies

0 Total number of responses
0 Number of emergency responses
0 Number of non-emergency responses

Ground Transporting Agencies

0 Total number of transports
0 Number of emergency transports
0 Number of non-emergency transports

Air Transporting Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 0

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 2



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** California Highway Patrol **Response Area:** California Highway Patrol Head

Address: 601 North 7th Street
Sacramento, CA 95811

Phone Number: 916-843-3300

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 0

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 0

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 0

Number of Helicopters based in this LEMSA's jurisdiction: 0

Ambulance Strike Team Participant: ☐ Yes ☒ No

Written ALS Agreement with LEMSA to Participate in EMS System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Level of Service: <table><tr><td><input type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> CCT</td><td></td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table> Other Specialty Services (water, snow, etc.): _____ <table><tr><td><input type="checkbox"/> Non-Ambulance Medical Transport Services</td><td><input type="checkbox"/> Litter/Gurney Van</td><td><input type="checkbox"/> Wheelchair Van</td></tr></table>	<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> CCT				<input type="checkbox"/> IFT		<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van
<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground																			
<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																			
	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> CCT																				
		<input type="checkbox"/> IFT																				
<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van																				



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S34-50181

Name of ePCR Vendor: Image Trend, Inc

Contract Dates: 2019

Ground Non-Transporting and/or Transporting Agencies

0 Total number of responses
0 Number of emergency responses
0 Number of non-emergency responses

Ground Transporting Agencies

0 Total number of transports
0 Number of emergency transports
0 Number of non-emergency transports

Air Transporting Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 0

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 3



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** Cosumnes Fire Department **Response Area:** Elk Grove, Galt, Unincorporated areas of Sacramento County

Address: 10573 E. Stockton Blvd
Elk Grove, CA 95624

Phone Number: 916-747-7906

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 14

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: _____

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 0

Ambulance Strike Team Participant: ☐ Yes ☒ No

Number of Helicopters based in this LEMSA's jurisdiction: 0

Written ALS Agreement with LEMSA to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> LALS <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air Other Specialty Services (water, snow, etc.): <u>Water</u> <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S34-50309

Name of ePCR Vendor: ImageTrend, Inc.

Contract Dates: 2019

Ground Non-Transporting and/or Transporting Agencies

20791 Total number of responses
20791 Number of emergency responses
0 Number of non-emergency responses

Ground Transporting Agencies

12342 Total number of transports
12342 Number of emergency transports
0 Number of non-emergency transports

Air Transporting Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 52

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 116



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento

Address: 4604 Roseville Rd. Suite 105
Sacramento, CA 95660

Phone Number: 707-732-1798

Provider: Falck

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 20

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 12

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: Unknown

Number of Helicopters based in this LEMSA's jurisdiction: _____

Ambulance Strike Team Participant: ☐ Yes ☒ No

Written ALS Agreement with LEMSA to Participate in EMS System: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:			
			<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air
			Other Specialty Services (water, snow, etc.): _____			
			<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van	



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S34-50983

Name of ePCR Vendor: Zoll

Contract Dates: 2019

Ground Non-Transporting and/or Transporting Agencies

11847 Total number of responses
32 Number of emergency responses
11815 Number of non-emergency responses

Ground Transporting Agencies

11227 Total number of transports
30 Number of emergency transports
11197 Number of non-emergency transports

Air Transporting Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: Unknown

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: Unknown



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County:	Sacramento	Provider:	Folsom Fire Department	Response Area:	Folsom
Address:	535 Glenn Dr. Folsom, CA 95630	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:	5		
Phone Number:	916-461-6300	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:	3		
		Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:	0		
Ambulance Strike Team Participant:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Helicopters based in this LEMSA's jurisdiction:	0		

Written ALS Agreement with LEMSA to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:			
			<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> LALS <input type="checkbox"/> BLS	<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air
			Other Specialty Services (water, snow, etc.):	Water		
			<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van	



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership:	If Public:	If Public:	If Air:	Air Classification:
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Provider Resource (cont.)

CEMSIS Provider ID #: S34-50402

Name of ePCR Vendor: Zoll / Image Trend, Inc

Contract Dates: Zoll - 1.1.2019 to 9.30.2019 / Image Trend, Inc. - 1-10-2019 to 12-31-2019

Ground Non-Transporting and/or Transporting Agencies

9443 Total number of responses
9443 Number of emergency responses
0 Number of non-emergency responses

Ground Transporting Agencies

5375 Total number of transports
5375 Number of emergency transports
0 Number of non-emergency transports

Air Transporting Services

____ Total number of responses
____ Number of emergency responses
____ Number of non-emergency responses

____ Total number of transports
____ Number of emergency transports
____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 5
Total number of certified Advanced EMTs in the field: 0
Total number of certified/accredited Paramedics in the field: 64



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County:	<u>Sacramento</u>	Provider:	<u>Medic Ambulance</u>	Response Area:	<u>Sacramento County</u>
Address:	<u>8689 Folsom Blvd</u> <u>Sacramento, CA 95691</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:	<u>12</u>		
Phone Number:	<u>916-949-2432</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:	<u>6</u>		
		Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:	<u>Unknown</u>		
Ambulance Strike Team Participant:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Helicopters based in this LEMSA's jurisdiction:	<u></u>		

Written ALS Agreement with LEMSA to Participate in EMS System: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <table><tr><td><input checked="" type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> LALS</td><td><input checked="" type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input checked="" type="checkbox"/> BLS</td><td><input checked="" type="checkbox"/> CCT</td><td></td></tr><tr><td></td><td></td><td><input checked="" type="checkbox"/> IFT</td><td></td></tr></table> Other Specialty Services (water, snow, etc.): _____ <table><tr><td><input type="checkbox"/> Non-Ambulance Medical Transport Services</td><td><input type="checkbox"/> Litter/Gurney Van</td><td><input type="checkbox"/> Wheelchair Van</td></tr></table>	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> CCT				<input checked="" type="checkbox"/> IFT		<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van
<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground																			
<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																			
	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> CCT																				
		<input checked="" type="checkbox"/> IFT																				
<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van																				



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership:	If Public:	If Public:	If Air:	Air Classification:
<input type="checkbox"/> Public	<input type="checkbox"/> Fire	<input type="checkbox"/> City	<input type="checkbox"/> Rotary	<input type="checkbox"/> Auxiliary Rescue
<input checked="" type="checkbox"/> Private	<input type="checkbox"/> Law	<input type="checkbox"/> State	<input type="checkbox"/> Fixed Wing	<input type="checkbox"/> Air Ambulance
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Fire District		<input type="checkbox"/> ALS Rescue
		<input type="checkbox"/> Federal		<input type="checkbox"/> BLS Rescue

Provider Resource (cont.)

CEMSIS Provider ID #: S34-50600

Name of ePCR Vendor: W.A.T.E.R.

Contract Dates: 2019

Ground Non-Transporting and/or Transporting Agencies

4631 Total number of responses
1279 Number of emergency responses
3352 Number of non-emergency responses

Ground Transporting Agencies

4051 Total number of transports
69 Number of emergency transports
3982 Number of non-emergency transports

Air Transporting Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 56

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 10



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** NorCal Ambulance **Response Area:** Sacramento County

Address: 1815 Stockton Blvd
Sacramento, CA

Phone Number: _____

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 6

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 4

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: Unknown

Ambulance Strike Team Participant: ☐ Yes ☒ No

Number of Helicopters based in this LEMSAs jurisdiction: _____

Written ALS Agreement with LEMSAs to Participate in EMS System: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <table><tr><td><input checked="" type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> LALS</td><td><input checked="" type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input checked="" type="checkbox"/> BLS</td><td><input checked="" type="checkbox"/> CCT</td><td></td></tr><tr><td></td><td></td><td><input checked="" type="checkbox"/> IFT</td><td></td></tr></table> <p>Other Specialty Services (water, snow, etc.): _____</p> <table><tr><td><input type="checkbox"/> Non-Ambulance Medical Transport Services</td><td><input type="checkbox"/> Litter/Gurney Van</td><td><input type="checkbox"/> Wheelchair Van</td></tr></table>	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> CCT				<input checked="" type="checkbox"/> IFT		<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van
<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground																			
<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																			
	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> CCT																				
		<input checked="" type="checkbox"/> IFT																				
<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van																				



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S34-50672

Name of ePCR Vendor: Forte Holdings Inc

Contract Dates: 2019

Ground Non-Transporting and/or Transporting Agencies

22123 Total number of responses
330 Number of emergency responses
21793 Number of non-emergency responses

Ground Transporting Agencies

18463 Total number of transports
229 Number of emergency transports
18234 Number of non-emergency transports

Air Transporting Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 125

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 10



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County:	<u>Sacramento</u>	Provider:	<u>Pro Transport</u>	Response Area:	<u>Sacramento County</u>
Address:	<u>191 Lathrop Way Suite N</u> <u>Sacramento, CA 95815</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:	<u>36</u>		
Phone Number:	<u>800-650-4003</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:	<u>18</u>		
Ambulance Strike Team Participant:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:	<u>Unknown</u>		
		Number of Helicopters based in this LEMSAs's jurisdiction:	<u></u>		

Written ALS Agreement with LEMSAs to Participate in EMS System: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <table><tr><td><input checked="" type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> LALS</td><td><input checked="" type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input checked="" type="checkbox"/> BLS</td><td><input checked="" type="checkbox"/> CCT</td><td></td></tr><tr><td></td><td></td><td><input checked="" type="checkbox"/> IFT</td><td></td></tr></table> Other Specialty Services (water, snow, etc.): _____ <table><tr><td><input type="checkbox"/> Non-Ambulance Medical Transport Services</td><td><input type="checkbox"/> Litter/Gurney Van</td><td><input type="checkbox"/> Wheelchair Van</td></tr></table>				<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> CCT				<input checked="" type="checkbox"/> IFT		<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van
<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground																						
<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																						
	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> CCT																							
		<input checked="" type="checkbox"/> IFT																							
<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van																							



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S34-50771

Name of ePCR Vendor: ImageTrend, Inc.

Contract Dates: 2019

Ground Non-Transporting and/or Transporting Agencies

18107 Total number of responses
106 Number of emergency responses
18001 Number of non-emergency responses

Ground Transporting Agencies

18082 Total number of transports
127 Number of emergency transports
17955 Number of non-emergency transports

Air Transporting Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 195

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 22



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County:	Sacramento	Provider:	Reach	Response Area:	Sacramento
Address:	10034 Missile Way Mather, CA 95655	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:	1		
Phone Number:	916-921-4000	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:	1		
Ambulance Strike Team Participant:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:			
		Number of Helicopters based in this LEMSA's jurisdiction:	1		

Written ALS Agreement with LEMSA to Participate in EMS System: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:			
			<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> LALS <input type="checkbox"/> BLS	<input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT	<input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air
			Other Specialty Services (water, snow, etc.):			
			<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van	



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S34-50779

Name of ePCR Vendor: ImageTrend, Inc.

Contract Dates: 2019

Ground Non-Transporting and/or Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

Ground Transporting Agencies

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Transporting Services

676 _____ Total number of responses
676 _____ Number of emergency responses
0 _____ Number of non-emergency responses

348 _____ Total number of transports
348 _____ Number of emergency transports
0 _____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 0

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 4



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County:	<u>Sacramento</u>	Provider:	<u>Sacramento Fire Department</u>	Response Area:	<u>Sacramento County</u>
Address:	<u>3230 J. St.</u> <u>Sacramento, CA</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:	<u>25</u>		
Phone Number:	<u>916-808-1300</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:	<u>17</u>		
Ambulance Strike Team Participant:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:	<u> </u>		
		Number of Helicopters based in this LEMSAs's jurisdiction:	<u> </u>		

Written ALS Agreement with LEMSAs to Participate in EMS System: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <table><tr><td><input checked="" type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> BLS</td><td><input type="checkbox"/> CCT</td><td></td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table> Other Specialty Services (water, snow, etc.): <u>Water</u> <table><tr><td><input type="checkbox"/> Non-Ambulance Medical Transport Services</td><td><input type="checkbox"/> Litter/Gurney Van</td><td><input type="checkbox"/> Wheelchair Van</td></tr></table>				<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input type="checkbox"/> BLS	<input type="checkbox"/> CCT				<input type="checkbox"/> IFT		<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van
<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground																						
<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																						
	<input type="checkbox"/> BLS	<input type="checkbox"/> CCT																							
		<input type="checkbox"/> IFT																							
<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van																							



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: Stryker

Name of ePCR Vendor: S34-50810

Contract Dates: 2019

Ground Non-Transporting and/or Transporting Agencies

57179 Total number of responses
57179 Number of emergency responses
0 Number of non-emergency responses

Ground Transporting Agencies

42651 Total number of transports
42651 Number of emergency transports
0 Number of non-emergency transports

Air Transporting Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 456

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 112



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County:	<u>Sacramento</u>	Provider:	<u>Sacramento Metropolitan Fire District</u>	Response Area:	<u>Sacramento County</u>
Address:	<u>10545 Armstrong Ave #200</u> <u>Mather, CA 95655</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:	<u>42</u>		
Phone Number:	<u>916-859-4300</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:	<u>28</u>		
		Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:	<u> </u>		
Ambulance Strike Team Participant:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Helicopters based in this LEMSA's jurisdiction:	<u>1</u>		

Written ALS Agreement with LEMSA to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <table><tr><td><input checked="" type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> BLS</td><td><input type="checkbox"/> CCT</td><td></td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table> Other Specialty Services (water, snow, etc.): <u>Water</u> <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van				<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input type="checkbox"/> BLS	<input type="checkbox"/> CCT				<input type="checkbox"/> IFT	
<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground																			
<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																			
	<input type="checkbox"/> BLS	<input type="checkbox"/> CCT																				
		<input type="checkbox"/> IFT																				



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: ImageTrend, Inc.

Name of ePCR Vendor: S34-50811

Contract Dates: 2019

Ground Non-Transporting and/or Transporting Agencies

97478 Total number of responses
97478 Number of emergency responses
0 Number of non-emergency responses

Ground Transporting Agencies

46954 Total number of transports
46954 Number of emergency transports
0 Number of non-emergency transports

Air Transporting Services

187 Total number of responses
187 Number of emergency responses
0 Number of non-emergency responses

3 Total number of transports
3 Number of emergency transports
0 Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 85

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 470



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento Provider: Wilton Fire Protection District Response Area: Wilton, CA

Address: 9800 Dillard Road
Wilton, CA 95693

Phone Number: 916-687-6920

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 0

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 0

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 0

Ambulance Strike Team Participant: ☐ Yes ☒ No

Number of Helicopters based in this LEMSA's jurisdiction: 0

Written ALS Agreement with LEMSA to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <table><tr><td><input type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> CCT</td><td></td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table> Other Specialty Services (water, snow, etc.): _____ <table><tr><td><input type="checkbox"/> Non-Ambulance Medical Transport Services</td><td><input type="checkbox"/> Litter/Gurney Van</td><td><input type="checkbox"/> Wheelchair Van</td></tr></table>	<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground	<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> CCT				<input type="checkbox"/> IFT		<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van
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		<input type="checkbox"/> IFT																				
<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van																				



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: Not applicable

Name of ePCR Vendor: Image Trend (Contract service through Cosumnes CSD Fire)

Contract Dates: Refer to Cosumnes CSD Fire Contract dates

Ground Non-Transporting and/or Transporting Agencies

381 Total number of responses
362 Number of emergency responses
19 Number of non-emergency responses

Ground Transporting Agencies

n/a Total number of transports
n/a Number of emergency transports
n/a Number of non-emergency transports

Air Transporting Services

n/a Total number of responses
n/a Number of emergency responses
n/a Number of non-emergency responses

n/a Total number of transports
n/a Number of emergency transports
n/a Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 31

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 12

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



Date: September 15, 2020	
Local EMS Agency or County Name: Sacramento County EMS Agency	
Area Description: (e.g., Zone 1, Zone A) Sacramento County	
Title: Sacramento County	
Geographic Description: (Also attach map) Geographic boundaries of Sacramento County.	
Current Provider Name: (include legal, fictitious, and dba)	
1. Alpha One Ambulance, 2. American Medical Response, Inc. 3. Bay Medic Transportation, 4. California Highway Patrol, Capitol Protection Division, 5. CALSTAR Air Ambulance, 6. Cosumnes CSD Fire District, 7. Falck Ambulance Services, 8. Folsom City Fire Department, 9. Medic Ambulance Services, 10. NorCal Ambulance 11. REACH Air Ambulance, 12. Sacramento City Fire Department, 13. Sacramento Metropolitan Fire District, 14. Trauma Life Care (TLC) Inc., 15. Pro Transport 1 Ambulance, 16. Sacramento Valley Ambulance,	
<input type="checkbox"/> Exclusive <input checked="" type="checkbox"/> Non - Exclusive	
Type of Exclusivity (HSC § 1797.85): (Check all applicable boxes)	
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> Emergency Ambulance </div> <div style="text-align: center;"> <input type="checkbox"/> Advanced Life Support (ALS) </div> <div style="text-align: center;"> <input type="checkbox"/> Limited Advanced Life Support (LALS) </div> </div>	
Scope of Operations: (Check one box)	
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> 9-1-1 Emergency Ambulance </div> <div style="width: 50%;"> <input type="checkbox"/> 7-Digit Emergency Ambulance </div> <div style="width: 50%;"> <input type="checkbox"/> ALS Ambulance </div> <div style="width: 50%;"> <input type="checkbox"/> All ALS Ambulance Services (9-1-1, 7-Digit, IFT) </div> <div style="width: 50%;"> <input type="checkbox"/> All CCT/ALS Ambulance Services (CCT, 9-1-1, 7-Digit) </div> <div style="width: 50%;"> <input type="checkbox"/> BLS Non-Emergency Services (IFT) </div> <div style="width: 50%;"> <input type="checkbox"/> Critical Care Transport </div> <div style="width: 50%;"> <input type="checkbox"/> Standby Service with Transport Authorization </div> <div style="width: 50%;"> <input type="checkbox"/> All Emergency Services (9-1-1, 7-Digit, IFT, CCT, Non-Emergency, Standby Transportation) </div> <div style="width: 50%;"> <input type="checkbox"/> Other <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> </div> </div>	



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

County: Sacramento

Reporting Year: 2019

EMS Agency Facility Details

Are there established guidelines, developed in partnership with acute care hospital administrators, physicians, and nurses, that identify patients who should be considered for transfer to facilities of higher capability?

☐ Yes ☒ No

Is there collaboration with acute care hospital administrators, physicians, and nurses to establish transfer agreements for patients who should be considered for transfer to facilities of higher capability?

☒ Yes ☐ No

Is there a process to ensure that all base hospital personnel who provide medical direction to prehospital personnel are knowledgeable about LEMSAs policies and procedures and have training in radio communications techniques?

☒ Yes ☐ No

Is there a process to ensure that all alternative base station personnel who provide medical direction to prehospital personnel are knowledgeable about the EMS Agency's policies and procedures?

☐ Yes ☐ No

a) Do the base station personnel have training in radio communications?

☒ Yes ☐ No

EMS Agency Facility Statistics

Emergency Departments

Total number of emergency departments:

9

Total number of comprehensive emergency services:

9

Total number of basic emergency services:

Total number of standby emergency services:

Hospitals with Written Agreements

Total number of receiving hospitals:

9

Total number of base hospitals:

4

Alternative Receiving Facilities

Do you have designated alternative receiving facilities?

☐ Yes ☒ No

Number of alternate receiving facilities:

Psychiatric: Sobering Centers: Rural Area

Specialty Care System

Do you have a trauma system?

☒ Yes ☐ No

Do you have a ST-Elevation Myocardial Infarction (STEMI) system?

☒ Yes ☐ No



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

EMS Agency Facility Statistics (cont.)

Do you have a stroke system? ☒ Yes ☐ No

Do you have an EMS for children system? ☐ Yes ☒ No

EMS Agency Specialty Care System Capabilities

Number of *trauma* centers:

Level I ¹ _____ Level II ² _____ Level III _____ Level IV _____

Number of pediatric trauma centers:

Level I ¹ _____ Level II _____

Number of EMS patients meeting trauma triage criteria:

2108

a) Transported to a trauma center by ambulance:

2099

b) Not transported to a trauma center:

9

Number of trauma patients transferred to a trauma center for a higher level of care:

a) From a non-trauma facility:

128

b) From a lower level trauma center:

11

Number of *STEMI* centers/hospitals designated by EMS Agency:

Receiving: ⁵ _____ Referring: _____

Number of *stroke* centers/hospitals (third party accreditation only):

Comprehensive: ¹ _____ Thrombectomy Capable: _____

Primary: ¹⁰ _____ Acute Stroke Ready: _____

Number of *pediatric* receiving centers:

Comprehensive: ¹ _____ General: _____ Advanced: _____ Basic: _____



TABLE 6: PUBLIC INFORMATION AND EDUCATION

County: Sacramento

Reporting Year: 2019

Public Information, Education, and Awareness

Number of programs EMS Agency provided to the public:

3 EMS Awareness
1 First Aid
5 Prevention Activities

1 Bleeding Control
3 CPR
3 Disaster Preparedness

Injury & Illness Prevention

Number of programs EMS Agency provided to the public:

 Alcohol & Substance Abuse
 Asthma Control
1 Bicycle Safety
2 Burn Prevention
1 Child Passenger Safety
 Childhood Immunizations
 Diabetes
1 Distracted Driving
 Dog Bite Prevention
 Elderly Falls
 Firearm Safety
3 General Health

13 General Injury
2 Home Safety
 Infant Safe Sleep Practices
1 Mental Health
 Obesity
1 Pedestrian Safety
1 POLST/End of Life Care
 Poison Control & Prevention
 Product Safety & Recalls
1 Suicide Prevention
1 Water Safety
1 Youth Violence Prevention



TABLE 7: DISASTER MEDICAL RESPONSE

County: Sacramento

Reporting Year: 2019

EMS Agency Structure

Are you part of a multicounty EMS system for disaster response? ☐ Yes ☒ No

Are you a separate department or agency? ☐ Yes ☒ No

a) To whom do you report? Department of Health Services

If your agency is not within the health department, do you have a plan to coordinate public health and environmental health issues with the health department? ☒ Yes ☐ No

What healthcare coalitions are you participating in? Sacramento County Health Care Coalition

a) How often do you meet with your healthcare coalitions? Monthly

Do you have connection with your local Disaster Healthcare Volunteer Administrators in your jurisdiction? ☒ Yes ☐ No

List all neighboring counties which you have written cooperative agreements and/or medical mutual aid/assistance agreements with:

Yolo County

EMS Agency Plans, Policies, Programs, and Teams

Do you have the following:

- | | | | |
|--------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| a) Disaster Plan? | <input checked="" type="checkbox"/> Yes | URL Link: <u>https://dhs.saccounty.net/PRI/EMS/Docu</u> | <input type="checkbox"/> No |
| b) Active Shooter Policy? | <input type="checkbox"/> Yes | URL Link: _____ | <input checked="" type="checkbox"/> No |
| c) Hazardous Material (Hazmat) Plan? | <input type="checkbox"/> Yes | URL Link: _____ | <input checked="" type="checkbox"/> No |
| d) Disaster Medical Cache? | <input type="checkbox"/> Yes | URL Link: _____ | <input checked="" type="checkbox"/> No |
| e) Disaster Medical Support Group? | <input type="checkbox"/> Yes | URL Link: _____ | <input checked="" type="checkbox"/> No |
| f) Medical Assets? | <input type="checkbox"/> Yes | URL Link: _____ | <input checked="" type="checkbox"/> No |
| g) Incident Command Organization Chart? | <input type="checkbox"/> Yes | URL Link: _____ | <input checked="" type="checkbox"/> No |
| h) Communications Plan? | <input type="checkbox"/> Yes | URL Link: _____ | <input checked="" type="checkbox"/> No |
| i) Ambulance Strike Team Leader Program? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| j) EMS Authority Affiliated Strike Teams (includes a Disaster Medical Support Unit)? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Identify the provider: _____



TABLE 7: DISASTER MEDICAL RESPONSE

EMS Agency System Operations and Resources

Do you have designated field treatment sites? ☐ Yes ☒ No

a) Identify the locations: _____

b) How are they staffed? _____

c) Is there a supply system for supporting them for 72 hours? ☐ Yes ☒ No

Is there a mental/behavioral health program available for responders within your jurisdiction? ☒ Yes ☐ No

a) Identify the program: EMS Providers Employee Assistance Program

Is there a team medical response capability? ☐ Yes ☒ No

a) For each team, are they incorporated into the local response plan? ☐ Yes ☒ No

b) Are they available for statewide response? ☐ Yes ☒ No

c) Are they part of a formal out-of-state response system? ☐ Yes ☒ No

Are there HazMat trained medical response teams? ☒ Yes ☐ No

a) At what HazMat level are they trained? FRO- Haz Tech

b) Is there capability to do decontamination in an emergency room? ☒ Yes ☐ No

c) Is there capability to do decontamination in the field? ☒ Yes ☐ No

Identify who the Medical Health Operational Area Coordinator is:

☐ Health Officer ☐ EMS Agency ☒ Jointly Appointed

Do you have specific training for mass casualty incident policies? ☒ Yes ☐ No

Are you using the Standardized Emergency Management System (SEMS)? ☒ Yes ☐ No

a) Does it incorporate a form of Incident Command System (ICS) structure? ☒ Yes ☐ No

Are you integrated in the Medical/Health Branch of the Operation Section in each operational area Emergency Operations Center within your jurisdiction? ☒ Yes ☐ No

Have you tested your multicasualty incident plan this year? ☒ Yes ☐ No

a) Was it a real event? _____

b) Was it an exercise? Tabletop Exercise

Do you have formal agreements with the following in your operational area to participate in disaster planning and response:

a) Hospitals? ☒ Yes ☐ No

b) Community Clinics? ☐ Yes ☒ No